



Outdated Form

Circular Letter No: 100-166-97-attach 2

The Electronic Fund Transfer (EFT) Authorization Agreement form in this Circular Letter is outdated. View the [Electronic Fund Transfer \(EFT Credit\) Authorization Agreement](#) (PDF) or search all [Forms & Publications](#).



Departmental Use Only
Receipt Date
Registration Date

**FISCAL SERVICES DIVISION -
ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION AGREEMENT**

Please check **all appropriate boxes**:

- New EFT Participant
- Will pay retirement contributions via EFT
- Will pay health premiums via EFT
- Change Bank Account
- Change Contact Name and/or Telephone Number

SECTION I: PUBLIC AGENCY INFORMATION

INSTRUCTIONS:

- The CalPERS Employer code is the same identification code reported to CalPERS on the Summary of Retirement Contributions Report (**PERS AESD-626**) or the Health Benefits Public Agency Billing System, Monthly Billing Invoice (**HBP020-05**).
- If you pay the retirement contributions or health premiums for more than one employer, a separate Electronic Fund Transfer Authorization Agreement form must be submitted for each employer.
- Please provide the name and phone number of an EFT contact person that is able to answer payment questions.
- Call **(916) 795-7768 for assistance**

OUTDATED FORM

CalPERS EMPLOYER CODE								
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Public Agency Name	Phone Number ()
Mailing Address (Number, Street, Box Number)	
Mailing Address (City, State, Zip)	
EFT Contact Person	Phone Number ()

SECTION II: BANK INFORMATION

INSTRUCTIONS:

- You may return your completed form by mail or via fax. **Please send us a voided check** with your completed Enrollment Authorization Form **or** a copy of a blank check marked void if you use a fax. Your check will provide verification of your bank account and routing transit numbers.

Upon the transmission of transaction information and verification by Accountholder, California Public Employees' Retirement System is hereby authorized to initiate debit entries for such transaction to the bank account identified below and the bank is authorized to debit such account. This authorization is to remain in full force until either party to this agreement terminates it by providing the other party with 30 days written notice.

Bank name		
Bank Address		
Bank Account Number	Routing Transit Number	
Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (Explain)		
Signature	Title	Date

Use the **sample check** below to locate the bank account and routing transit numbers.

ABC Business 1234 Park Avenue Anytown, CA	_____ 1044 _____	1. Routing Transit Number (requires 9 digits) 2. Bank Account Number (not to exceed 17 digits) 3. Check Number
Pay to the order of _____	\$ XXXX _____ Dollars	
Anywhere Bank U.S.A. Memo _____	Not Negotiable _____	
I:133404567 I:1234561304 III 1044		
↑ 1	↑ 2	↑ 3

When you have returned your completed authorization form and voided check we will go through a setup and testing process. After verifying a successful setup you will receive a confirmation letter. Simple instructions for use of the electronic funds transfer system will also be included.

Call **(916) 795-7768 for assistance**

Return to: **California Public Employees' Retirement System**
 Fiscal Services Division-Cashier Unit
 Attn: Gena Owen
 P.O. Box 942703
 Sacramento, CA 94229-2703

Or return by fax to: **fax number (916) 795-7901**